


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90030 020 ****50.00

DOCUMENT # L04000011350					
1. Entity Name FLORIDA F.B. #2 - CLEARWATER, LLC					
Principal Place of Business 2025 HARBOUR WATCH CIRCLE TARPON SPRINGS, FL 34689 US			Mailing Address 2025 HARBOUR WATCH CIRCLE TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business 2689 Gulf to Bay Blvd. Suite, Apt. #, etc. Suite 1820 City & State Clearwater FL Zip 33759 Country USA			3. Mailing Address 500 E. Tarpon Ave Suite, Apt. #, etc. Suite 1 City & State Tarpon Springs FL Zip 34689 Country USA		
			02212005 Chg-LLC CR2E083 (10/03)		
			4. FEI Number 20-0726975		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PEACOCK, RAY ESQ. 2348 SUNSET POINT RD. STE. E CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA F.B. MANAGEMENT, INC. 2025 HARBOUR WATCH CIRCLE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 E. Tarpon Ave #1 Tarpon Springs FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			2-28-2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		